

F99000006083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

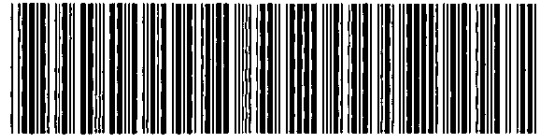
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
APR 28 2017
R. WHITE

PLEASE FILE 1ST



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2017

CORPORATION SERVICE COMPANY / MELISSA

RESUBMIT

Please give original
submission date as file date.

SUBJECT: APPLIED MEASUREMENT PROFESSIONALS, INC.
Ref. Number: F99000006083

We have received your document for APPLIED MEASUREMENT PROFESSIONALS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist II

Letter Number: 717A00008089

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TALLAHASSEE, FLORIDA

* PLEASE FILE FIRST *

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 477818 7580438

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 24, 2017

ORDER TIME : 12:29 PM

ORDER NO. : 477818-105

CUSTOMER NO: 7580438

FOREIGN FILINGS

NAME: APPLIED MEASUREMENT
PROFESSIONALS, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE

I, KRIS W. KOBACH, Kansas Secretary of State, certify that the records of this office reveal the following:

That APPLIED MEASUREMENT PROFESSIONALS, INC. is a regularly and properly organized corporation under the laws of the state of Kansas, having been incorporated in Kansas on the 16th day of July, A.D., 1982.

I FURTHER CERTIFY that a certificate of amendment was filed in this office January 15, 2016 changing the corporate name from APPLIED MEASUREMENT PROFESSIONALS, INC. to PSI SERVICES INC.

I DO FURTHER CERTIFY that PSI SERVICES INC. is in good standing, having fully complied with all requirements of this office.



In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka,
this 18th day of April, A.D., 2017.

Kris W. Kobach

KRIS W. KOBACH
KANSAS SECRETARY OF STATE